(1) AGENCY CASE NO.	NORTH CAROLINA DIVISION OF SOCIAL SERVICES
1	FOSTER CARE FACILITY LICENSE ACTION REQUEST (2) CO. NO. CHANGE CHANGE CARE FACILITY LICENSE ACTION REQUEST (2) CO. NO. CHANGE CHANGE CHANGE CARE FACILITY LICENSE ACTION REQUEST
	U WAIVER REQUESTE
(3) 1 COUNTY DSS	(4) NAME OF SUPERVISING AGENCY
2 PUBLIC AGENO	
3 PRIVATE AGEN	(5) FACILITY ADDRESS (6) AREA CODE HOME PHONE NUMBER
	CITY STATE ZIP CODE
(7) FOSTER PARENT NAME (OR FACILITY NAME (8) SOC. SEC. NUMBER
(9) DATE OF BIRTH	(10) RACE (11) SEX (12) EDUCATION (13) TRAINING
	1 MALE HOURS TYPE
	COMMENTS 2 FEMALE GRADE COMPLETED OR 2 SKILLS DEVELOPMENT
	POST SECONDARY YEARS 3 SPECIFIC CHILD
(14) FOSTER PARENT NAME	(15) SOC. SEC. NUMBER
(16) DATE OF BIRTH	(17) RACE (18) SEX (19) EDUCATION (20) TRAINING
	(17) RACE (16) SER (16) EDGENION (20) TRAINING
	2 FEMALE GRADE COMPLETED 1 ORIENTATION
	POST SECONDARY 2 SKILLS DEVELOPMENT YEARS 3 SPECIFIC CHILD
(21) CAPACITY	(22) SEX AGE (24) RATE
	2 FEMALE (23) FROM TO
	з вотн
(26) FAMILY INCOME	(27) TYPE CARE PROVIDED (29) OTHER HH MEMBERS 18 OR OLDER LAST NAME FIRST MI
1 UNDER 10,000 2 10-19,999	1 FOSTER CARE
3 20-29,999	3 SPECIALIZED FOSTER CARE 2
4 30-39,999	4 EMERGENCY SHELTER CARE 5 THERADELITIC FOSTER CARE 3 1 1 1 1 1 1 1 1 1
5 40-49,999 6 50,000	5 THERAPEUTIC FOSTER CARE 6 SPECIAL PROGRAM
	YPE OF FACILITY
1 FAMILY FOSTER	(42) MEDICATOR
2 GROUP HOME	5 RES TREATMENT PROFIT NON-PROFIT
3 INSTITUTION	6 THER CAMP
(30) FACILITY I.D.	(31) SUPERVISING AGENCY STATE OFFICE USE ONLY LICENSE ACTION
	LICENSE ISSUED (32) FROM
(34) OTHER LICENSING ACTIO	
1 CHANGE	(38) OTHER (39) PROCESSING INFORMATION
2 TERMINATION 3 RELICENSE	┦ , , , , , , , ,
4 NEW	(40) WAIVER GRANTED
(36) LICENSE TYPE	REASONS FOR (37) PROVISIONAL
1 FULL	1 SANITATION STANDARD
2 PROVISIONAL	2 OTHER - EXPLAIN IN # 38

DSS-5015 (REV. 02/02) CHILDREN'S SERVICES